

Still, several surveys have indicated that most participants are satisfied with the Part D program and have saved money during its first six months.

Congress created the Part D gap when lawmakers created the drug insurance program in 2003. The measure was added to reduce the program's overall cost. Lawmakers reasoned that only a tiny portion of Part D participants would reach the gap and most would be without coverage only for a short period.

Many of the 22.7 million people in the program will avoid the coverage gap, according to a recent report by accounting and consulting firm PriceWaterhouseCoopers. They have private supplemental insurance, are enrolled in a higher-priced Part D plan that doesn't cap benefits, have incomes low enough to qualify for exemptions or simply won't purchase enough drugs to reach the cap before calculations start over on Jan. 1.

Those falling into the gap are largely middle-class seniors who aren't poor enough to qualify for MediCal—the federal health insurance for the poor known as Medicaid outside California—or they are wealthy enough to afford higher-priced Part D plans that have no coverage caps.

People who fall into the doughnut hole don't pay the full retail price for drugs, said Peter Ashkenaz, spokesman for the Centers for Medicare and Medicaid Services in Washington, D.C. They pay the discounted price paid by their Part D plan operator—about 20 percent below retail prices, he said. "I think people tend to forget that piece of it."

But halfway through the first year of the prescription drug program, the San Diego HICAP is fielding calls from frightened seniors whose benefits are about to run out, Duncan said.

"'Doughnut hole' is a lousy term. It's more like an abyss," she said. "It's a soft, funny way for saying you may not be able to pay your rent or eat this month because you're going to have to pay for all of your medicines."

One recent call was from a paraplegic who takes high doses of the pain-killer morphine that cost \$1,500 a month. Another caller takes \$10,000 worth of medicine each month to prevent his body from rejecting a transplanted lung.

Even beneficiaries facing less dire circumstances could have trouble dealing with the gap.

An overwhelming majority of Medicare recipients suffer from chronic diseases, such as hypertension and diabetes, said Kenneth Thorpe, chairman of the Health Policy and Management Department at Emory University in Atlanta.

More often than not, they also are being treated and medicated for multiple conditions, he said. "These are very expensive patients."

When their drug coverage runs out, even temporarily, they are likely to stop taking some or all of their medications, Thorpe said.

That's what Kaiser Permanente researcher John Hsu found when he studied about 200,000 Medicare beneficiaries in 2003 who participated in a more limited government prescription drug program that predated Part D. The results, published in the June 1 edition of *The New England Journal of Medicine*, found that people whose drug benefits were capped at \$1,000 a year had higher rates of emergency room visits, hospitalization and death than those with unlimited coverage.

Hsu attributed the increases to people ending drug treatments once the insurance cap was reached. The cost for additional medical care offset the lower drug cost savings created by the cap, he reported.

When Harrison's coverage ended in early June, the maker of one of his immune sup-

pression drugs put him on a program that delivered the medication for free. But he wasn't offered the same deal from the maker of the other medication, and his \$1,300 monthly income is too high for him to qualify for the doughnut hole exemption available through Medi-Cal. He's hoping his doctors will provide an answer—perhaps an alternative drug available at a discount or for free from a manufacturer—when he goes in for a check-up in a few weeks.

Wendel Ott, 74, of San Diego, doesn't expect to hit the cap until September, but already he's considering cutting back on his eight medications.

"It's going to cost me a tremendous amount of money for the last part of the year," said Ott, who takes medicines for high blood pressure, an enlarged prostate and chronic bronchitis. "Let's face it, I'm not wealthy."

While many people were aware they might face a gap in coverage when they signed up for a Part D plan, it's clear some haven't prepared for it, said Michael Negrete, vice president of clinical programs for the California Pharmacists Association.

"Most people haven't saved money to deal with the doughnut hole," he said.

Once in the gap, people create a new problem for themselves if they try to save money by purchasing cheaper drugs outside their Part D program, Negrete said.

"When they get drugs outside of Part D, that doesn't go to the credit they need to get out of the (gap)," he said. "If they are getting their medicines from Canada or from a discount drug service, they will never get out of the doughnut hole."

PERSONAL EXPLANATION

HON. MARK UDALL

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 25, 2006

Mr. UDALL of Colorado. Mr. Speaker, I was unavoidably detained in Colorado and not present for three recorded votes on Monday, July 24, 2006.

Had I been present, I would have voted as follows:

Rollcall 394, on the motion to suspend the rules and pass S. 1496, to direct the Secretary of the Interior to conduct a pilot program under which up to 15 States may issue electronic Federal migratory bird hunting stamps—I would have voted "yes."

Rollcall 395, on the motion to suspend the rules and pass S. 203, the Soda Ash Royalty Reduction Act—I would have voted "yes."

Rollcall 396, on the motion to suspend the rules and pass H.R. 5534, to establish a grant program whereby moneys collected from violations of the corporate average fuel economy program are used to expand infrastructure necessary to increase the availability of alternative fuels—I would have voted "yes."

TRIBUTE TO JOHN B. DEAN

HON. THADDEUS G. McCOTTER

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 25, 2006

Mr. McCOTTER. Mr. Speaker, today I rise to honor and acknowledge John B. Dean, Chief of Police of the Waterford Police Depart-

ment, upon his retirement from a distinguished career in public service.

From a young age, Chief Dean dedicated his life to protecting the citizens of Michigan. At age 15, he enrolled as a cadet in the Waterford Police Department before enlisting in the United States Marine Corps. Following his military service, Chief Dean first joined the Detroit Police Department before returning to Waterford in 1975, where he continued his career in law enforcement. Over the next three decades, Chief Dean advanced through the ranks of the Waterford Police Department, eventually serving as a Patrol Officer, Undercover Officer, Patrol Sergeant, Detective Sergeant, Youth Liaison Officer, Patrol Lieutenant, and Detective Bureau Commander. In January of 2000, he was promoted to Chief of Police.

A Central Michigan University alumnus and graduate of the F.B.I. National Academy, Chief Dean also served on the Police and Fire Pension Board of Waterford Township, Board of Directors of the Boy Scouts of America, Board of Directors of the Oakland County Chiefs of Police, the State Police Advisory Board, and as Treasurer of the Michigan Association of Public Employee Retirement Systems. For his tireless service to the community, Chief Dean has been recognized with the Officer of the Year Award; the Medal for Bravery; the Meritorious Service Award; and was named Waterford Employee of the Year.

Mr. Speaker, for 31 years, Chief John B. Dean has unwaveringly upheld his oath to protect and defend the citizens of Michigan. As he enters the next phase of his life, he leaves behind a legacy of dedication, honor, and courage. Today, I ask my colleagues to join me in congratulating Chief Dean upon his retirement and recognizing his years of loyal service to our community and our country.

HONORING CORONER HUEY MACK, SR.

HON. JO BONNER

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 25, 2006

Mr. BONNER. Mr. Speaker, today I rise to pay tribute to Huey Mack, Sr. for his accomplishments and dedication to Baldwin County, Alabama, where he served for many years as Baldwin County Coroner.

Huey Mack was born on December 20, 1937, in McCalla, Alabama, and is a native of Escambia County. He attended the University of Alabama and received a degree in mortuary science at the Gupton Jones Institute in Dallas, Texas. In 1982, he was appointed by Alabama Governor George Wallace to fill an unexpired term as Baldwin County Coroner. Huey Mack will retire in January 2007, from the position he has held for the past 28 years.

Among his many contributions, Huey Mack has played a crucial role in passing legislation that creates educational requirements for the office of coroner. He also served as Vice President of the Funeral Director Association, made significant contributions with his involvement with the Central Baldwin Chamber of Commerce, served as President of the Alabama Coroner's Association for 7 years, and is a member of the Rotary Club. Huey Mack and his wife, Jean, have two children, Linda and Huey, Jr. Huey Mack, Jr. was recently elected Sheriff of Baldwin County.